

# NC-TOPPS Mental Health and Substance Abuse

**Child (Ages 6-11)**

**Update Interview**

Use this form for backup only. Do not mail. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topps>)

Clinician First Initial & Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LME Assigned Consumer Record Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please provide the following information about the individual:

1. Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Gender

☐ Male ☐ Female

3. Please select the appropriate age/disability category(ies) for which the individual is receiving services and supports.  
(mark all that apply)

☐ Child Mental Health, age 6-11

4. Individual County of Residence:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Type of Interview (mark only one)

- ☐ 3 month update ☐ 12 month update  
☐ 6 month update ☐ Other bi-annual update (18-month, 24-month, 30-month, etc.)

6. Assessments of Functioning

a. Was the Global Assessment of Functioning (GAF) score updated in the past 3 months or since the last interview?

☐ Y ☐ N → (skip to 7)

b. Current Global Assessment of Functioning Score:

--	--

7. Please indicate the DSM-IV TR diagnostic classification(s) for this individual. (See Attachment I)

8. Since the last interview, the consumer has attended scheduled treatment sessions...

- ☐ Rarely or never  
☐ Sometimes  
☐ All or most of the time

9. Since the individual started services for this episode of treatment, which comprehensive services has the individual received in the following areas?

- ☐ Educational improvement  
☐ Housing (basic shelter or rent subsidy)  
☐ Transportation  
☐ Child Care  
☐ Medical Care  
☐ Screening/Treatment referral for HIV/TB/HEP  
☐ Legal issues

10. In the past 3 months, has the individual's family or guardian been involved in any contact with staff concerning any of the following? (mark all that apply)

- ☐ Treatment services  
☐ Person-centered planning  
☐ None of the above

**Section II: Complete items 11-28 using information from the individual's interview (preferred) or consumer record**

11. How are the next section's items being gathered?

(mark all that apply)

- ☐ In-person interview (preferred)  
☐ Telephone interview  
☐ Clinical record/notes

12. Does your child and/or family ever have difficulty participating in treatment because of problems with...

- ☐ No difficulties prevented your child from entering treatment  
☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)  
☐ Active substance abuse symptoms (addiction, relapse)  
☐ Physical health problems (severe illness, hospitalization)  
☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)  
☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)  
☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)  
☐ Cost or financial reasons (no money for cab, treatment cost)  
☐ Stigma/Embarrassment  
☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)  
☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)  
☐ Legal reason (incarceration, arrest)  
☐ Transportation/Distance to provider  
☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)

13. Is your child currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)

☐ Y ☐ N → (skip to 14)

b. If **yes**, what programs are your child currently enrolled in for credit? (mark all that apply)

- ☐ Alternative Learning Program (ALP) - at-risk students outside standard classroom  
☐ Academic schools (K-12)

# NC-TOPPS Mental Health and Substance Abuse

## Child (Ages 6-11)

## Update Interview

Use this form for backup only. Do not mail. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topps>)

### 14. For K-12 only:

- a. What grade is your child currently in?
- b. Since beginning treatment, your child's school attendance has...  
☐ improved ☐ stayed the same ☐ gotten worse
- c. For your child's most recent reporting period, what grades did s/he get most of the time? (*mark only one*)  
☐ A's ☐ B's ☐ C's ☐ D's ☐ F's ☐ School does not use traditional grading system
- d. If school does not use traditional grading system, for your child's most recent reporting period, did s/he pass or fail most of the time? ☐ Pass ☐ Fail

### 15. For K-12 only: In the past 3 months, how many days of school has your child missed due to...

- a. Expulsion
- b. Out-of-school suspension
- c. Truancy
- d. Is your child currently expelled from regular school?  
☐ Y ☐ N

### 16. In the past 3 months, how often did your child participate in ...

- a. extracurricular activities?  
☐ Never ☐ A few times ☐ More than a few times
- b. support or self-help groups?  
☐ Never ☐ A few times ☐ More than a few times

### 17. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?

- ☐ Never ☐ A few times ☐ More than a few times

### 18. In the past month, how would you describe your child's mental health symptoms?

- ☐ Extremely Severe
- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ Not present

### 19. In the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribed?

- ☐ No prescription
- ☐ All or most of the time
- ☐ Sometimes
- ☐ Rarely or never

### 20. In the past 3 months, how many times has your child moved residences? (*enter zero, if none and skip to 21*)

- b. What was the reason(s) for your child's most recent move? (*mark all that apply*)
- ☐ Moved closer to family/friends
- ☐ Moved to nicer or safer location
- ☐ Needed more supervision or supports
- ☐ Moved to location with more independence, better access to activities and/or services
- ☐ Could no longer afford previous location or evicted

### 21. In the past 3 months, where did your child live most of the time?

- ☐ Homeless → (*skip to b*) ☐ Residential program → (*skip to c*)
- ☐ Temporary housing → (*skip to 22*) ☐ Facility/institution → (*skip to 22*)
- ☐ In a family setting (private or foster home) ☐ Other → (*skip to 22*) → (*skip to 22*)
- b. If homeless, please specify your child's living situation most of the time in the past 3 months.  
☐ Sheltered (homeless shelter)  
☐ Unsheltered (on the street, in a car, camp)
- c. If residential program, please specify the type of residential program your child lived in most of the time in the past 3 months.  
☐ Therapeutic foster home  
☐ Level III group home  
☐ Level IV group home  
☐ State-operated residential treatment center

### 22. Was this living arrangement in your child's home community? ☐ Y ☐ N

### 23. In the past 3 months, has your child received any residential services outside of his/her home community? ☐ Y ☐ N

### 24. In the past 3 months, who did your child live with most of the time? (*mark all that apply*)

- ☐ Mother/Stepmother ☐ Sibling(s)  
☐ Father/Stepfather ☐ Other relative(s)  
☐ Grandmother ☐ Guardian  
☐ Grandfather ☐ Other  
☐ Foster family

### 25. In the past 3 months, has your child used tobacco or alcohol? ☐ Y ☐ N ☐ Don't know

### 26. In the past 3 months, has your child used illicit drugs or other substances? ☐ Y ☐ N ☐ Don't know

# NC-TOPPS Mental Health and Substance Abuse

**Child (Ages 6-11)**

**Update Interview**

Use this form for backup only. Do not mail. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topps>)

27. In the past month, how many times has your child been in trouble with the law?    
(enter zero, if none)

28. Does your child have a Court Counselor?  
☐ Y ☐ N

**Section III: Complete items 29-39 from the individual's interview only**

29. Is the respondent present for in-person or telephone interview?  
☐ Y - Complete items 30-39  
☐ N - Stop here

30. Since the last interview, has your child visited a physical health care provider for a routine check up?  
☐ Y ☐ N

31. Other than yourself, how many active, stable relationship(s) with adult(s) who serve as positive role models does your child have? (i.e., member of clergy, neighbor, family member, coach) ☐ None ☐ 1 or 2 ☐ 3 or more

32. In the past 3 months, how often has your child been hit, kicked, slapped, or otherwise physically hurt?  
☐ Never ☐ A few times ☐ More than a few times

33. In the past 3 months, how often has your child hit, kicked, slapped, or otherwise physically hurt someone?  
☐ Never ☐ A few times ☐ More than a few times

34. Since the last interview, how often has your child tried to hurt him/herself or cause him/herself pain on purpose (such as cut, burned, or bruised self)?  
☐ Never ☐ A few times ☐ More than a few times

35. Since the last interview, how often has your child had thoughts of suicide?  
☐ Never  
☐ A few times  
☐ More than a few times  
☐ Don't know

36. Since the last interview, has your child attempted suicide?  
☐ Y ☐ N

37. In the past 3 months, how well has your child been doing in the following areas of his/her life?

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
a. Emotional well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relationships with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. In the past 3 months, has your child...

a. had telephone contacts to an emergency crisis facility?  
☐ Y ☐ N

b. had visits to a hospital emergency room?  
☐ Y ☐ N

c. spent nights in a medical/surgical hospital? (excluding birth delivery)  
☐ Y ☐ N

d. spent nights homeless? (sheltered or unsheltered)  
☐ Y ☐ N

e. spent nights in detention, jail, or prison? (adult or juvenile system)  
☐ Y ☐ N

39. How helpful have the program services been in...

a. improving the quality of your child's life?  
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

b. decreasing your child's symptoms?  
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

c. increasing your child's hope about the future?  
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

d. increasing your child's control over his/her life?  
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

e. improving your child's educational status?  
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

**End of interview**

**Enter data into web-based system:**  
**<http://www.ncdhs.gov/mhddsas/nc-topps>**

**Do not mail this form**

# Attachment I:

## DSM-IV TR Diagnositic Classifications

### Childhood Disorders

- ☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)
- ☐ Motor skills disorders (315.40)
- ☐ Communication disorders (307.00, 307.90, 315.31, 315.39)
- ☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- ☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- ☐ Autism and pervasive development (299.00, 299.10, 299.80)
- ☐ Attention deficit disorder (314.xx, 314.90)
- ☐ Conduct disorder (312.80)
- ☐ Disruptive behavior (312.90)
- ☐ Oppositional defiant disorder (313.81)

### Substance-Related Disorders

- ☐ Alcohol abuse (305.00)
- ☐ Alcohol dependence (303.90)
- ☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

### Schizophrenia and Other Psychotic Disorders

- ☐ Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

### Mood Disorders

- ☐ Dysthymia (300.40)
- ☐ Bipolar disorder (296.xx)
- ☐ Major depression (296.xx)

### Anxiety Disorders

- ☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)

### Adjustment Disorders

- ☐ Adjustment disorders (309.xx)

### Personality, Impulse Control, and Identity Disorders

- ☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- ☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- ☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

### Delerium, Dementia, & Other Cognitive Disorders

- ☐ Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

### Disorders Due to Medical Condition and Medications

- ☐ Mental disorders due to medical condition (306, 316)
- ☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

### Somatoform, Eating, Sleeping & Factitious Disorders

- ☐ Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

### Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

### Other Disorders

- ☐ Other mental disorders (Codes not listed above)
- ☐ Other clinical issues (V-codes)